

STATE OF MAINE
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request the State of Maine, hereinafter called the STATE, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called the BANK and I authorize and request the BANK to accept any deposits initiated by the STATE to such account and to credit the same to such account without responsibility for the correctness thereof. In the event of an overpayment in error, I hereby authorize the STATE to initiate correcting entries to my account in the amount of such payment in error.

EMPLOYEE NAME: _____

SOCIAL SECURITY #:

--	--	--	--	--	--	--	--	--	--

SIGNATURE: _____

DATE: _____

Direct Deposit Savings

Bank Name _____

Transit Routing #

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Flat Amount \$ _____

Direct Deposit Checking

Bank Name _____

Transit Routing #

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Flat Amount \$ _____

Direct Deposit Savings

Bank Name _____

Transit Routing #

--	--	--	--	--	--	--	--	--	--

Flat \$ _____

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Percentage 100% of Net

Direct Deposit Checking

Bank Name _____

Transit Routing #

--	--	--	--	--	--	--	--	--	--

Flat Amount \$ _____

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Percentage 100% of Net

EXPENSE ACCOUNT

Bank Name _____ Type of Account : Checking _____ Savings _____

Address _____

Transit Routing #

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Percentage 100%

**PLEASE SEND COMPLETED FORM AND EITHER A DEPOSIT SLIP OR A
VOIDED CHECK FOR EACH BANK ACCOUNT TO YOUR AGENCY PAYROLL
DEPARTMENT.**

OFFICE USE ONLY

Department # _____

Initial: _____

Date Entered _____